



General Assembly

February Session, 2020

Raised Bill No. 335

LCO No. 1990



Referred to Committee on INSURANCE AND REAL ESTATE

Introduced by:
(INS)

AN ACT CONCERNING THE ROLE OF CLINICAL PEERS IN ADVERSE DETERMINATION AND UTILIZATION REVIEWS.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Subdivision (7) of section 38a-591a of the general statutes is
2 repealed and the following is substituted in lieu thereof (*Effective January*
3 *1, 2021*):

4 (7) "Clinical peer" means a physician or other health care professional
5 who:

6 (A) [holds] For a review other than as specified under subparagraph
7 (B) or (C) of subdivision (38) of this section:

8 (i) Holds a nonrestricted license in a state of the United States [and]
9 in the same [or similar] specialty as [typically manages the medical
10 condition, procedure or treatment] the treating physician or other health
11 care professional under review; [, and]

12 (ii) Holds a doctoral or medical degree; and

13 (iii) (I) Holds an appropriate national board certification including at

14 the subspecialty level, where available, or (II) actively practices and
15 typically manages the medical condition under review or provides the
16 procedure or treatment under review; or

17 (B) [for] For a review specified under subparagraph (B) or (C) of
18 subdivision (38) of this section concerning:

19 (i) [a] A child or adolescent substance use disorder or a child or
20 adolescent mental disorder, holds (I) a national board certification in
21 child and adolescent psychiatry, or (II) a doctoral level psychology
22 degree with training and clinical experience in the treatment of child
23 and adolescent substance use disorder or child and adolescent mental
24 disorder, as applicable; [.] or

25 (ii) [an] An adult substance use disorder or an adult mental disorder,
26 holds (I) a national board certification in psychiatry, or (II) a doctoral
27 level psychology degree with training and clinical experience in the
28 treatment of adult substance use disorders or adult mental disorders, as
29 applicable.

30 Sec. 2. Subsection (a) of section 38a-591d of the 2020 supplement to
31 the general statutes is repealed and the following is substituted in lieu
32 thereof (*Effective January 1, 2021*):

33 (a) (1) Each health carrier shall maintain written procedures for (A)
34 utilization review and benefit determinations, (B) expedited utilization
35 review and benefit determinations with respect to prospective urgent
36 care requests and concurrent review urgent care requests, and (C)
37 notifying covered persons or covered persons' authorized
38 representatives of such review and benefit determinations. Each health
39 carrier shall make such review and benefit determinations within the
40 specified time periods under this section.

41 (2) In determining whether a benefit request shall be considered an
42 urgent care request, an individual acting on behalf of a health carrier
43 shall apply the judgment of a prudent layperson who possesses an
44 average knowledge of health and medicine, except that any benefit

45 request (A) determined to be an urgent care request by a health care
46 professional with knowledge of the covered person's medical condition,
47 or (B) specified under subparagraph (B) or (C) of subdivision (38) of
48 section 38a-591a shall be deemed an urgent care request.

49 (3) (A) At the time a health carrier notifies a covered person, a covered
50 person's authorized representative or a covered person's health care
51 professional of an initial adverse determination that was based, in whole
52 or in part, on medical necessity, of a concurrent or prospective
53 utilization review or of a benefit request, the health carrier shall notify
54 the covered person's health care professional (i) of the opportunity for a
55 conference as provided in subparagraph (B) of this subdivision, and (ii)
56 that such conference shall not be considered a grievance of such initial
57 adverse determination as long as a grievance has not been filed as set
58 forth in subparagraph (B) of this subdivision.

59 (B) After a health carrier notifies a covered person, a covered person's
60 authorized representative or a covered person's health care professional
61 of an initial adverse determination that was based, in whole or in part,
62 on medical necessity, of a concurrent or prospective utilization review
63 or of a benefit request, the health carrier shall offer a covered person's
64 health care professional the opportunity to confer, at the request of the
65 covered person's health care professional, with a clinical peer of such
66 health carrier, provided such covered person, covered person's
67 authorized representative or covered person's health care professional
68 has not filed a grievance of such initial adverse determination prior to
69 such conference. Such conference shall not be considered a grievance of
70 such initial adverse determination. Such health carrier shall grant such
71 clinical peer authority to reverse such initial adverse determination.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>January 1, 2021</i>	38a-591a(7)
Sec. 2	<i>January 1, 2021</i>	38a-591d(a)

Statement of Purpose:

To: (1) Redefine "clinical peer" for the purposes of adverse determination and utilization reviews; and (2) require health carriers to provide certain clinical peers with the authority to reverse initial adverse determinations.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]